S. No. 300
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FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 353331

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3583

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 4 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackjack
d. STREET ADDRESS (If rural, give location): Parker Rd., R. #1 Box 121

4020

3. NAME OF DECEASED (Type or Print)
a. (First): Gustave
b. (Middle): Adolph
c. (Last): Hartwig

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1-1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 15th, 1883
9. AGE (In years last birthday): 68 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ins. Agent
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): St. Louis Co.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: August Hartwig
13b. MOTHER'S MAIDEN NAME: Amelia Kuchmester
14. NAME OF HUSBAND OR WIFE: Anna L. Hartwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Dorothy Ebbesmeyer, R #1, Box 121 Florissant — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive cardio-vascular disease
DUE TO (c) E8234

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. traumatic injury to the chest — 31

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Hy.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Florissant St. Louis Mo.
21d. TIME OF INJURY (Month) - (Day) (Year) (Hour): Nov. 1 1951 8:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto struck Telephone Pole

22. *I hereby certify that I attended the deceased from* Oct 29, 1951, *to* Nov. 1, 1951, *that I last saw the deceased alive on* Nov. 1, 1951, *and that death occurred at* 11:58 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William L. Haugtmann, M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton 5, Mo
23c. DATE SIGNED: 11-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/5/51
24c. NAME OF CEMETERY OR CREMATORY: Salem Ev. Luth. Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 11-3-51
REGISTRAR'S SIGNATURE: Herbert R. Stroke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Diedrich Funeral Home 8319 Halls Ferry

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Eleanor Downs

Licensed Embalmer No. 3403

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.